

Return form to Advisor at Center

Student Name: _____ Student ID Number: _____ Date: _____

Phone #: _____ Lebanon Center

Graduate Term: ____ T1 ____ T2 ____ T3 ____ T4 Registration Year: _____

• Program (Professional Year/Class of)

Make sure you indicate the correct course number and section of the course(s) for which you wish to be registered - registration will be based on the course number and section you indicate.

COURSE CODE	SECT NUM	COURSE TITLE	DAYS	REPEAT (Mark if Applicable)

NOTE: It is the student's responsibility to consult the current University Catalog for full policies regarding course registration.

My signature below indicates that I have read, understand, and accept the Student Financial Responsibility information provided to me at franklinpierce.edu/financialresponsibility.

Student Signature Date

Pay Method: Self FA VA VOC
 3rd Party Bill Tuition Benefit

Please check if this is your first registration at Franklin Pierce University. Other/Specify _____

For office use only			
Student status: C R N	Prerequisite checked by: _____	Financially cleared: _____	
Deferment rec'd. _____	Voucher rec'd. _____		
Entered on computer (initials/date): _____	eCollege: _____		Rev. 1/16